

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/04/2017
NAME OF PROVIDER OR SUPPLIER WELLINGTON AT SOUTHPORT THE		STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN 46227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00213464 completed on November 21, 2016.</p> <p>Complaint IN00213464 - Corrected.</p> <p>Survey date: January 4, 2017</p> <p>Facility number: 003283 Provider number: 003283 AIM number: N/A</p> <p>Census bed type: Residential: 60 Total: 60</p> <p>Sample: 03</p> <p>Wellington at Southport was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00213464.</p> <p>Q.R. completed by 14466 on January 06, 2017.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE